

BROWN COUNTY

EXISTING PRIVATE SEWAGE SYSTEM INSPECTION REPORT

IS THE SYSTEM FAILING BASED ON 145.245(4) No Yes

PROPERTY INFORMATION:

OWNER: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____ 1/4 , _____ 1/4, S _____, T _____ N-R _____ E

MUNICIPALITY _____

LOT # _____ CSM: _____ SUBDIVISION: _____

TAX PARCEL NUMBER: _____

BUILDING /DWELLING USE: _____ CODE DERIVED DAILY FLOW: _____

NUMBER OF BEDROOMS IF RESIDENTIAL: _____

SYSTEM INFORMATION

SANITARY PERMIT #: _____

DATE OR YEAR OF INSTALLATION IF KNOWN: _____

HOW MANY PEOPLE HAS THE SYSTEM TYPICALLY SERVED: _____

HAS THE HOME BEEN VACANT FOR ANY AMOUNT OF TIME: _____

PRIVATE SEWAGE SYSTEM INSTALLER IF KNOWN: _____

SYSTEM TYPE _____

CELL CONFIGURATION (If Known): _____

TANK INFORMATION

SEPTIC TANK SIZE: _____ GALLONS PUMP CHAMBER SIZE: _____

DATE TANK LAST PUMPED: _____ PUMPER NAME: _____

TANK MATERIAL: _____

TANK CONDITION: _____

BAFFLE CONDITION: _____

FILTER TYPE IF APPLICABLE: _____

ALARMS/LOCKS/CHAINS/WARNING LABEL CONDITIONS: _____

ABSORPTION AREA

IS THE AREA OF THE SYSTEM SOFT OR SPONGY?

IS LIQUID EVIDENT IN THE VENT OR OBSERVATION TUBES?

DETERMINATION OF A FAILING SYSTEM

Section 145.245 (4), Stats., reads: "A failing private sewage system is one which causes or results in any one of the following conditions: (a) the discharge of sewage into surface water or groundwater; (b) the introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system; (c) the discharge of sewage to a drain tile or into zones of bedrock; (d) the discharge of sewage to the surface of the ground; (e) the failure to accept sewage discharges and backup of sewage into the structure served by the private sewage system."

- DOES THE SYSTEM DISCHARGE WITHIN THREE FEET OF GROUND WATER?----- No Yes
 - DOES THE SYSTEM DISCHARGE TO A ZONE OF SEASONAL SATURATION THAT ADVERSELY AFFECTS THE OPERATION OF THE SYSTEM?----- No Yes
 - DOES THE SYSTEM DISCHARGE TO A DRAIN TILE?----- No Yes
 - DOES THE SYSTEM DISCHARGE TO THE SURFACE OF THE GROUND?----- No Yes
 - DOES THE SYSTEM DISCHARGE TO SURFACE WATERS?----- No Yes
 - DOES THE SYSTEM DISCHARGE WITHIN THREE FEET OF BEDROCK?----- No Yes
 - DOES THE SYSTEM FAIL TO ACCEPT SEWAGE OR BACKUP INTO THE STRUCTURE?----- No Yes
- IS THERE A VALID SOIL EVALUATION ON FILE WITH THE COUNTY ZONING OFFICE:** No Yes

SOIL BORING INFORMATION (if required) [Conduct boring in vicinity of the absorption cell(s)]

Depth to Infiltrative Surface: _____ In.

Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Soil Application Rate	
							GPD/ft ²	
							*Eff#1	*Eff#2

* Effluent #1= BOD₅ >30 ≤220 mg/L and TSS >30 ≤ 150 mg/L * Effluent #2= BOD₅ ≤30 mg/L and TSS ≤ 30 mg/L

Depth to limiting factor _____ In. Soil Application Rate at Infiltrative Surface _____ GPD/Ft²

CSTM NAME: _____ CSTM NUMBER: _____

SITE DIAGRAM

ATTACH A DETAILED SITE DIAGRAM SHOWING ALL SETBACKS, LOCATION OF TANKS, ABSORPTION FIELD(S) AND STRUCTURES. ELEVATIONS WITH A BENCHMARK MUST BE SHOWN TO DETERMINE SEPARATION TO ANY SOIL LIMITATION.

COMMENTS & RECOMMENDATIONS: _____

The information on this evaluation reports observations made on the date of the evaluation only. This evaluation form does not grant any warranty, expressed or implied.

INSPECTORS NAME: _____ SIGNATURE: _____ DATE: _____
 REGISTRATION #: _____

Please return original to:
 Brown County Zoning Department
 305 East Walnut Street
 P.O. Box 23600
 Green Bay, WI 54305-3600